Pay As Little As $20*
on up to 12 prescriptions

*See full program terms and conditions including max benefit below

Men and women 6 years old and older with a diagnosis of ADHD may be eligible to receive this offer for up to 12 prescriptions.

Use of the DAYTRANA® (methylphenidate transdermal system) Patch

The DAYTRANA® patch contains a prescription central nervous system (central) stimulant medicine used to treat ADHD in children and adolescents 6 to 17 years of age. Use of the DAYTRANA patch may help increase attention and decrease impulsive and hyperactive behavior. The DAYTRANA patch should be used as part of a total treatment program for ADHD that may include counseling or other therapies.

Importance Safety Information

IMPORTANT: Daytrana is a controlled substance (CII) because it can be abused or lead to dependence. Keep Daytrana in a safe place to protect it from theft. Selling or giving away Daytrana may harm others and is against the law. Tell the prescribing doctor if your child has ever abused or become dependent on alcohol, prescription medicines or street drugs.

The DAYTRANA patch should not be used if your child has been diagnosed as very anxious, tense, or agitated; has an eye problem called glaucoma; has tics (repeated movements or sounds that cannot be controlled); has a history of Tourette’s syndrome; is taking a monoamine oxidase inhibitor (MAOI) medicine or has discontinued an MAOI medicine in the last 2 weeks; or is allergic to methylphenidate, acrylic adhesive, or any other ingredients in the DAYTRANA patch. Because of the potential for lasting damage, seek medical help immediately if you or your child develops priapism. Your child or family member may have problems with growth (weight and height), persistent loss of skin color (chemical leukoderma) and eyesight changes or blurred vision have been reported with methylphenidate. Tell the doctor about any mental problems your child or family members have experienced including suicide or depression, bipolar illness, mania, or psychosis. Tell the doctor right away if you or your child has any signs of unexplained wounds appearing on fingers or toes while using Daytrana.

Serious mental (psychiatric) problems have been reported with the Daytrana patch or other stimulant medicines including:

• new or worse aggression, hostility, anger or irritability
• new or worse bipolar illness or mania (an extreme increase in activity or talking)
• new or worse psychosis (hearing or seeing things that are not real, being suspicious, or distrustful, believing things that are not true)
• other unusual or extreme changes in behavior or mood

Tell the doctor about any mental problems your child or family members have experienced including suicide or depression, bipolar illness, mania, or psychosis. Call the doctor right away if your child has any new or worsening mental symptoms or problems while using the Daytrana patch. Tell your doctor if you, your child, or a family member has a history of violence.

Be sure to tell the doctor if your child is pregnant or breast feeding.

Serious side effects such as seizures (this usually happens in children with a history of seizures), painful and prolonged erections (priapism), slowing of growth (weight and height), persistent loss of skin color (chemical leukoderma) and eye changes or blurred vision have been reported with the DAYTRANA patch. Because of the potential for lasting damage, seek medical help immediately if you or your child develops priapism. Your child should have their height, weight, and blood work checked while using the Daytrana patch and the doctor may stop treatment if a problem is found during these check-ups. Allergic skin rash may occur.

Stop using the Daytrana patch and see the doctor right away if swelling, bumps, or blisters happen at or around the site where the patch is applied. If the patch is worn longer than 9 hours in a day, or more than 1 patch is worn at a time, too much medicine has been applied. Avoid exposing the Daytrana patch to direct external heat sources such as hair dryers, heating pads, electric blankets, heated water beds, or other heat sources while wearing the patch. Heating the patch could cause too much medicine to pass into your child’s body and cause serious side effects.

The most common side effects seen while using the Daytrana patch include skin problems (redness, small bumps, itching) where the patch is applied. You or your child may also experience appetite, nausea, vomiting, stomach pain, weight loss, difficulty sleeping, mood swings, and dizziness.

Please read Medication Guide and Full Prescribing Information including the Boxed Warning regarding abuse and dependence.

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Commercially insured and cash-paying patients only

The co-pay savings offer is only valid for commercially insured and cash-paying patients. This offer is not insurance. It is not valid for prescriptions covered by or submitted for reimbursement in whole or in part under Medicaid, Medicare, or other federal or state health programs, including any state medical pharmacy assistance program.

Patient Instructions: Pay as little as $20 for each prescription of 30 patches. If your out-of-pocket cost is $100 or less. If your out-of-pocket cost is more than $100, you will save a total of $80 on each prescription of 30 patches. Offer valid for up to a total of 12 prescriptions of 30 patches. You must bring this offer with you to your pharmacy with a valid prescription each time you fill Daytrana® (methylphenidate transdermal system). By using this offer, you acknowledge that you meet the eligibility criteria and will comply with these terms and conditions. Offer limited to one use per month. If you have any questions, please call 1-866-889-4512, 24 hours, 7 days a week.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist instructions for a patient with Eligible Third Party: Submit the claim to the primary Third Party payer first, then submit the balance due to CHANGE HEALTHCARE for COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code, (e.g. B). The patient pay amount will be reduced by up to $80 on the next 12 prescriptions after paying the first $20. Reimbursement will be received from CHANGE HEALTHCARE.

Pharmacist instructions for cash-paying patient: Submit this claim to CHANGE HEALTHCARE. A valid Other Coverage Code, (e.g. J1) is required. The patient pay amount will be reduced by up to $80 on the next 12 prescriptions after paying the first $20. Reimbursement will be received from CHANGE HEALTHCARE.

Other Coverage Code required: For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk at 1-800-422-1504.

Restrictions: This offer is valid only in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such programs, the patient will need to obtain coverage for this offer. By using this offer, the patient certifies that he or she will not submit any claims to any insurance plan, including any insurance plan, TRICARE program, Medicaid or other state or federal health programs, if the patient is eligible for drug benefits under any such programs. If the patient is eligible for drug benefits under any such programs, the patient cannot use this offer.

By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

The parties reserve the right to rescind, revoke or amend this offer without notice at any time. The amount of the reimbursement cannot exceed the patient’s out-of-pocket expenses. Product dispensed pursuant to program rules and federal and state laws.

Powered by:

CHANGE HEALTHCARE
BIN# 004682
PCN# CN
GRP# E62001042
ID# 58973902867

Medication Guide

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You are encouraged to report negative side effects of prescription drugs to the FDA. Visit http://www.fda.gov/medwatch or call 1-800-FDA-1088.

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